

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/593,797
Filing Date	September 20, 2006
First Named Inventor	HART, Don
Title	INTERACTIVE VENDING MACHINES AND A METHOD OF OPERATING SAME
Art Unit	
Examiner Name	
Attorney Docket Number	082800-000200US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

20350

Practitioners associated with the Customer Number.

OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:

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Firm or
Individual Name

Address

State

Zip

City

Country

Email

Telephone

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE OF APPLICANT OR ASSIGNEE OF RECORD

Signature

Don HART

Date

28 Dec. 2006

Name

Telephone

Title and Company

NOTE: Signatures of all the inventors or assignees of record of this application are required, see below.

Other representative(s) are required. Submit multiple forms if more than one

forms are submitted.

Total of
80874120 v1

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SIGNATURE of Applicant or Assignee of Record

PLEASE
SIGN & DATE

Date 28 Dec. 2006

Signature

Guy HART

Telephone

Name

GUY HART

Title and Company

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of _____ forms are submitted.

60874121 v1